

ing to circumstances the simple puncture, operations already several times proposed by the author of this method.—*Lond. & Edin. Monthly Journal of Med. Sci.*, July, 1845.

50. *Complete Dislocation of the Tibia forwards, produced by simple extension.* By Dr. FELIX JACQUOT, of St. Die.—A serjeant, 21 years of age, of robust habit, entered the Military Hospital of Instruction at Metz, July 23d, 1844. Half an hour afterwards he met with the following accident:—Making a long jump of nearly four yards, upon a flat surface, he fell, contrary to the gymnastic laws, upon the left foot, the leg extended and directed backwards, whilst the right leg, being in advance, did not reach the ground. He experienced violent pain, and fell forwards upon his belly. A dislocation of the tibia forwards had occurred; this was evident, on the simple inspection, from the very marked characteristics of such an accident. It is absolutely impossible to confound it, when recent, with any other lesion.

The thigh formed an obtuse angle with the femoro-tibial articulation, so that the axis of the leg was placed considerably in advance of the axis of the thigh. The superior surface of the tibia was covered by the patella, the subcutaneous surface of which presented forwards and upwards. The condyles of the femur were felt in the popliteal space under the distended skin; but the pulsation of the artery was not felt so superficially as usually described; it was obscured in the space between the condyles. The triceps projected, and the tendons of the crural muscles, inserted internally and externally into the tibia and fibula, were stretched, and formed two bent cords, posterior to the concavity. The limb was very mobile, flexed easily, and without pain; extension was more difficult, and attended with some pain. The foot turned inwards or outwards, according to the position given to the limb. The shortening did not exceed one inch and a quarter.

A swelling, scarcely perceptible, existed at each extremity of the transverse diameter of the knee. The patient suffered very little. No ecchymosis could be perceived, and M. Jacquot was inclined to think that if anything was ruptured, it must be the crucial ligaments, and some fibres of the gastrocnemii muscles; it was evident that the tendons were intact.

Extension was made, and the limb being stretched moderately by three individuals, in a few seconds the reduction was effected. A fracture extension bandage was employed for 20 days, removing it occasionally, when flexion was effected without difficulty by the surgeon, but not by the patient without the assistance of his hands. There was slight swelling the first few days which then subsided. No pain in the knee but pain in the sole of the foot and along the tendo-achillis, particularly at its insertion. This pain lasted a long period, was at times very intense, and did not appear to be caused altogether by the apparatus. When the apparatus was removed, the patient could very partially bend his leg, but, by degrees, the power of voluntary motion returned, and by the 30th of August the power of flexion was, to a great extent, recovered, and he could limp about 20 paces without assistance. The left knee was at this time still somewhat enlarged. On the 3d of September he walked without limping, experiencing only towards the evening rather more than usual fatigue.

M. Jacquot remarks that Velpeau and others deny that a dislocation of the knee can be produced by flexion or extension alone, and that this case tends to invalidate that opinion.

He gives a complicated theoretical explanation of the manner in which this happened, but the simple view of the case taken by the editor of the "*Archives*" is doubtless the true one. "There was not only extension of the leg, but also a rapid fall of the body towards the earth; that is to say, a force which tended to slip the condyles of the femur over the articulating surface of the tibia. It appears to us that the combination of two forces tending to produce the extension of the leg and the rapid fall of the femur downwards, might very easily produce a dislocation of the tibia forwards."—*Ranking's Abstract*, vol. i., from *Archives Générales*, April 1845.

51. *Polypus of the Rectum.* By JAMES SYME, Esq.—Sir A. Cooper states, in his *Surgical Lectures*, that, "in the course of his life," he met with only ten cases of

Polypus of the Rectum. Some time ago I met with five cases in the course of a single fortnight,—two of them in adults, and three in children,—and I have seen a sufficient number of other instances of the disease, to satisfy me that it is not by any means so rare as has generally been supposed. It presents itself in three different forms, of which one usually occurs in childhood, and does not appear much beyond puberty. A gentleman now established in practice, not far from Edinburgh, when attending my lectures,—then I suppose about 18 or 19 years of age,—applied to me for the removal of a polypus, such as is met with in early life, but, with this exception, I never met with it beyond the 9th or 10th year. It is extremely soft and vascular, of a florid red colour, and assumes the form either of a worm from two to four inches in length, or of a strawberry with a connecting foot-stalk two or three inches long. This tumour seldom protrudes except when the bowels are evacuated, and then admits of ready replacement, though not without occasional hemorrhage, which may be of considerable amount. The vascularity of this growth, and its attachment above the sphincter, made me averse from removing it by excision; and Sir A. Cooper has mentioned the alarm that was on one occasion excited in his practice by doing so. I have always employed the ligature; and though the soft texture readily gives way when the thread is drawn, bleeding has never occurred in a single instance, or any other symptom in the least degree disagreeable resulted from this mode of removal: I am therefore induced to regard it as the best that can be employed.

The disease appears in adults in two very distinct forms. In one of these, the growth is soft, vascular, prone to bleed, lobulated or shreddy, and malignant-looking, so as on the whole to resemble very much the cauliflower excrescence of the os uteri, but possesses a peduncle or foot-stalk of firm texture, capable of sound cicatrization after being divided. The profuse, frequent, and protracted bleeding which proceeds from this sort of growth, renders its removal an object of great consequence; and this may be effected very easily, with perfect safety, by transfixing the radical cord of connection with a double ligature, tying the threads so as to include a half of it in each, and then cutting it across a little below the constricted part. In a patient of Mr. Craig, of Ratho, (who detected the disease from the great hemorrhage it occasioned,) I could not accomplish protrusion of the tumour, but guided a ligature on my finger, and tied it on the neck within the rectum. It is more satisfactory to force or draw the swelling beyond the sphincter, so that the sound and morbid parts may be distinguished with certainty, and this can usually be done with great facility, although the growth has attained a large size. In an hospital case recommended by Mr. Anderson, of Castle-Douglas, I brought into view and removed a tumour not less than an orange, which had a most malignant aspect, and had nearly exhausted the patient by hemorrhage.

In the other form which polypus of the rectum assumes in adults, the tumour is of a firmer consistence, smoother surface, and more regularly spherical or oval form, so as to resemble the growth which in general constitutes *polypus uteri*. The symptoms resulting from this simple swelling are rather annoying than seriously alarming; and the patient, therefore, is apt to delay requiring assistance for a long while. In the case of an old lady, whom I saw with Mr. Hilson, of Jedburgh, the tumour was about the size of a cherry, with a long stalk, and we were assured had protruded every time the bowels moved for twenty years. In another case, a gentleman whom I saw with Dr. Johnson, of Cunnock, the tumour was nearly as large as an egg, had a cuticular covering, and appeared to have existed for a period equally long. I have always removed these growths in the way that has been already described, and never met with the slightest consequence of a disagreeable kind.—*Lond. & Edin. Monthly Journ. of Med. Sci.*, July, 1845.

52. *Excision of the Os Uteri, and removal of Polypus of the Uterus.* By JAMES SYME, Esq., (*Lond. & Edin. Monthly Journ. of Med. Sci.*, July, 1845.)—"Excision of the os uteri—an operation which originated with Osiauder, and was improved by Dupuytren,—experienced a cold reception in this country, on account of the incredible statements connected with reported cases of its performance. Cancer of the uterus was said to be an extremely common disease,—while it was well known to be happily a rare one; and removal of the part affected was represented as permanently affording relief, with hardly any exception,—while the experience